

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 5, 1979

ALL-COUNTY LETTER NO. 79-39

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISION TO THE IN-HOME SUPPORTIVE SERVICES PROGRAM,
MONTHLY CASELOAD, HOURS AND COSTS REPORT (Form SOC 296)

REFERENCE:

Since the beginning of the IHSS program there has been no accurate timely data available. The lack of a management information system has resulted in critical comments from various sectors: reports by the Office of Planning and Program Analysis of the Department of Health (May 1977), the State Benefits and Services Advisory Board (December 1977), and the Joint Legislative Audit Committee (December 1977), all discussed the need for an informational system.

In December 1978, a plan for developing a management information system for the In-Home Supportive Services (IHSS) program was presented to the Legislature. It was prepared in response to the Supplemental Report of the Committee of Conference on the Budget Bill, Fiscal Year 1978-79. One part of the plan was to improve the existing monthly report on IHSS.

In keeping with this commitment, the Department of Social Services has developed a more comprehensive monthly IHSS Caseload, Costs, and Hours Report (Form SOC 296). This revised reporting system is a major step in the plan to establish an accurate, timely, and effective information system.

This Department is grateful for the valuable assistance received from the County Welfare Directors Association's Research and Statistics Committee and Southern Region In-Home Supportive Services Subcommittee.

Data collected through the revised SOC 296 and the March 1978 IHSS Characteristics Survey, in conjunction with data obtained through the Social Services Reporting Requirements (SSRR) and administrative claim systems, will provide several types of meaningful program management information. The data will enable DSS management to assess program regulations and policy decisions, monitor operations, detect potential program problems, and prepare fiscal projections.

Although our original goal was to implement data collection July 1, 1979, due to the complexity of the issues concerning informational needs and systems development, it was necessary to extend the implementation period to October 1, 1979. This date will allow counties sufficient lead time to make changes to data collection methods and procedures. Reports for the month of October 1979 are due to be received by the Department of Social Services on or before November 30, 1979. Reports for the months of July, August, and September 1979 are to continue to be submitted on the existing SOC 296 (1/79) form. Attached are one set of instructions and one copy of the revised SOC 296 report form. Additional copies of the form can be ordered through the Department of Social Services Warehouse after September 3, 1979. Major changes from the existing monthly reporting system are:


1. Addition of Part A - Authorized Caseload Movement During the Report Month;
2. Grouping of Paid Cases, Hours and Costs (Part B) by each delivery method;
3. Separate entry for County Welfare First Line Supervisor Hours and Costs;
4. Addition of Employment Incentive Cases (Item 10);
5. Addition of Share of Cost Cases and Payments (Item 12);
6. Deletion of Transportation Costs (formerly Item 5);
7. Development of comprehensive instructions.

Item 1 (IHSS cases brought forward from last month) of Part A on the October report would reflect the number of authorized IHSS cases at the end of September 1979.

The Department's Statistical Services Bureau will be conducting training workshops on the revised SOC 296 reporting system. There will be five statewide sessions, each to be held at various locations throughout the State. Please fill out the attached questionnaire concerning training nominees and return to the Statistical Services Bureau no later than July 13, 1979. We are also requesting that each county advise the Statistical Services Bureau of the person responsible for coordinating the implementation of the revised SOC 296 reporting system. This will enable us to provide follow-up and assistance during implementation.

Questions concerning the revised form and instructions should be directed to the Statistical Services Bureau at (916) 322-2230 or ATSS 492-2230. Should you have questions concerning the training workshops, please contact John Schwander at (916) 323-1641 or ATSS 473-1641.

Sincerely,


R. E. REICH
Deputy Director
Administration Division

cc: CWDA

Attachments

26-520 IN-HOME SUPPORTIVE SERVICES PROGRAM MONTHLY
CASELOAD, HOURS, AND COSTS REPORT

26-520

26-520.01 CONTENT

26-520.01

Data collected through this report provides information on the authorized caseload movement, the number of cases for which services were paid, the hours of service paid for, and the costs for services paid.

26-520.02 PURPOSE

26-520.02

The purpose of these data is to provide the State Department of Social Services with information needed: (1) to assess program regulations and policy decisions; (2) to monitor program operations and detect potential problem areas; and (3) for budgeting purposes.

26-520.03 DISTRIBUTION

26-520.03

Data from these reports are compiled into monthly summaries for use by departmental managers, the state legislature, and other interested agencies and individuals.

26-520.04 DUE DATE

26-520.04

Reports are to be received in Sacramento on or before the 30th calendar day of the month following the report month. Send report to:

Department of Social Services
Statistical Services Bureau
744 P Street, Mail Station 12-81
Sacramento, California 95814

If the report will be either delayed or incomplete in any way, please contact the Statistical Services Bureau at (916) 322-2230 or ATSS 492-2230.

26-520.05 REPORTING PERIOD

26-520.05

The reporting period shall be the calendar month unless approval has been obtained to report on the basis of a work month. The term "report month" used throughout the instructions refers to the reporting period used by the county welfare department.

26-520.06 WORK MONTH

26-520.06

Use of the work month is subject to prior approval of the Statistical Services Bureau. Its use as a substitute for calendar month reporting is for the purpose of permitting counties to prepare this report using the same work period as that used for fiscal reports. Counties wishing to report on a work month basis are required to submit a written request identifying the period to be covered on the work month basis.

Once reporting has started on a work month basis, counties must obtain prior approval if they wish to return to calendar month reporting.

CASE

This term is used in all programs and specific meaning will vary. As a general guide, however, a case can be defined as being a client of the agency for whom a record is established. Included in this definition are clients applying for service as well as those receiving service from the agency. From a practical standpoint, cases are either "opened", "active", and "closed" according to regulations.

For purposes of this report, the terms case(s) and person(s) are used interchangeably.

CASELOAD

This term is used in the broad sense to mean a group of cases. Particular meaning is applied by using "caseload" with other words. For example a worker may have a caseload of pending applications and a caseload of authorized cases. An agency may have an IHSS caseload, a protective services caseload, a relinquishment adoptions caseload, etc. Caseload may also be related to location, such as the caseload in a district office or in the county, or the caseload in the intake unit, etc.

CASELOAD MOVEMENT

Caseload movement statistics are required in a number of the summary statistical reports as a means of revealing changes occurring in the caseload during the report period. In principle, this type of reporting is accomplished by use of items similar to those found in checkbook stubs:

<u>Checkbook Stub</u>	<u>Statistical Report</u>
Balance brought forward	Pending from last month
Amount deposited	Received during month
Total	Total
Amount this check	Disposed of during month
Balance carried forward	Pending end of month

For any particular check stub or report, the first figure is the same as the last figure on the preceding stub or month's report. The instructions for this report containing caseload movement data require that the current and preceding month's reports be in agreement with respect to items brought forward unless the preceding month's report is found to have been wrong. When this occurs, the correct figure is shown on the current month's report and a footnote is used to explain the difference.

Ongoing reports may be completed on the basis of actual counts of items received and disposed of, with the total and pending figures determined arithmetically. An actual count of the number pending should be obtained for each report to insure accuracy. Where this is not possible, an actual count should be made once every six months.

The amount of net change (i.e., the difference between cases added and terminated) is not usually used in our statistical reports because it would not reveal properly the workload resulting from changes in the caseload. To appreciate this, consider the county which during one month added no cases and terminated none, as compared with the county which added 100 cases and terminated 100. Both counties would report a zero net change but obviously the second county would have a much heavier workload than the first.

INVENTORY ADJUSTMENT

This is used with reference to the summary reports. It means that the reporting agency has made an actual count (i.e., taken an inventory) of an item in the report and has found a difference from what was reported in the preceding month. The correct figure is entered on the report and a footnote is used to explain that the difference from a prior month was due to "inventory adjustment." When there has been no inventory count but a correction is to be made, the words "inventory adjustment" are not used; in these cases a specific explanation is required.

PERSONS COUNT (See "Recipient")

RECIPIENT

A recipient is a person who receives financial aid or service under one of the public social service programs. "Persons count" is frequently used in connection with this word and refers to a recipient for whom the county paying aid or providing service can claim reimbursement (from state or federal funds) for all or part of the payment issued to or on behalf of that individual.

26-520.10 INSTRUCTIONS

26-520.10

26-520.20 PART A AUTHORIZED CASELOAD MOVEMENT

26-520.20

This part of the report provides data on the authorized caseload. Cases to be reported are those for which an eligibility determination has been completed and the assessment for IHSS is being made or has also been completed. (See Manual of Policies and Procedures, Division 30, Sections 30-455.2 and 459.) To be included are cases authorized to receive IHSS under presumptive eligibility. (See MPP 30-459.3). Excluded are cases on which an eligibility determination has not been made (pending applications).

Data reported in Part A of this report is not directly connected with data reported in Part B; Part B reflects data on payments made in the report month regardless of the month when services were provided.

1. IHSS Cases Brought Forward From Last Month - Enter the number of cases authorized to receive IHSS on the first day of the month. This entry will equal Item 5 of the previous month's report, except when actions authorized but not reported in prior months are shown as adjustments of Item 1 and explained in a footnote.

2. New Cases Approved During the Month - Enter the number of new cases approved during the report month. Include cases approved under presumptive eligibility and cases approved during the report month which may not begin receiving services through one of the delivery methods until the following month.

Do not include in this item active cases on which eligibility redeterminations completed in the report month resulted in continuation of IHSS during a new authorization period. These cases would already be included in Item 1, cases brought forward from last month.

Number of New Cases Approved Under Presumptive Eligibility During the Month - Enter the number of new cases approved under presumptive eligibility during the month consistent with regulations contained in the DSS Manual of Policies and Procedures, Division 30, Section 459.3.

3. Total IHSS Cases Open During the Month - Enter the number of cases active during the report month; that is, those cases where an official authorization for IHSS was in effect at some time during the month. Entry will be the sum of Item 1 plus Item 2.
4. IHSS Cases Closed During the Month - Enter the number of cases terminated from the IHSS program during the report month.
5. IHSS Carried Forward to the Next Month - Enter the number of authorized cases carried forward to the next month. Entry will be the difference between Item 3 less Item 4.

26-520.20 PART B PAID CASELOAD, HOURS, AND COSTS

26-520.20

This part of the report provides information on: (1) the number of cases (persons) for which services were paid in the report month, (2) the hours of service paid for, and (3) a summary of the net expenditures paid to or on behalf of IHSS recipients in the report month, after accounting for cancellations, repayments, and all adjustments for the report month and all prior months.

PERSONS COUNT

The principle for reporting persons count is that only one count shall be reported for each month's service for an eligible person regardless of the number of payments that may be made for that month. The persons count is reported with the first payment for that month.

Should a recipient receive service through more than one delivery method in a month, a persons count would be reported for each delivery method. However, an unduplicated case (person) count will be reported in Item 9a.

Payments made in the report month for two months' service would require reporting of two persons counts.

SUPPLEMENTALS

A supplemental payment made in the report month to an original month's payment made in a prior month will not reflect a persons count. The persons count would have been reported when the original payment was made.

REPAYMENTS

Full repayment received in the report month for a payment previously reported will require:

- (1) Reporting of a negative (-) persons count,
- (2) the deduction of the hours of service previously reported as paid for, and
- (3) the deduction of the amount of the full repayment.

A partial repayment, however, will not require reporting of a negative (-) persons count. Only the hours of service associated with the repayment and the amount of the repayment would be deducted.

CANCELLATIONS

Full cancellation in the report month of a prior month's payment will require:

- (1) Reporting of a negative (-) persons count,
- (2) the deduction of the hours of service previously reported as paid for, and
- (3) the deduction of the amount of the cancelled payment.

A partial cancellation, however, will not require reporting of a negative (-) persons count. Only the hours of service associated with the partial cancellation and the amount of the cancellation would be deducted.

SERVICE DELIVERY METHOD

Service delivery methods for IHSS are defined in MPP 30-467. On Form SOC 296:

Welfare Staff refers to the county employment delivery method (MPP 30-467.11).

Individual Provider refers to the purchase of service from an individual delivery method (MPP 30-467.13).

Purchase of Service refers to the purchase of service from an agency delivery method (MPP 30-467.12).

SEVERELY IMPAIRED INDIVIDUAL

An individual with a total assessed need for twenty hours or more per week of service in one or more of the areas defined in MPP 30-453.

WELFARE STAFF FIRST LINE SUPERVISORS

County welfare department immediate supervisors of welfare staff providers, and/or county welfare department supervisors inspecting the actual duties performed by either contracted individual or agency IHSS providers.

SPECIAL INSTRUCTIONS

Costs reported in Items 6, 7, 8 and 9 are exclusive of restaurant meal allowances and share of costs for services which are required of some IHSS income eligible recipients. Restaurant meal allowances are reported in Item 11. Share of cost payments made by recipients are reported in Item 12.

Dollars reported in the Severely Impaired and Nonseverely Impaired columns for each separate delivery method (welfare staff, individual-hourly rate and flat rate, and purchase of service) shall be rounded to the nearest whole dollar. When cents to be dropped are exactly 50, use the odd-even rule, i.e., round to the nearest even dollar.

Hours reported in the Severely Impaired and Nonseverely Impaired columns for each separate delivery method (welfare staff, individual-hourly rate and flat rate, and purchase of service) shall be rounded in decimal fractions to the nearest quarter hour (e.g., .75). Do not use common fractions.

The Total column is the sum of the Severely Impaired column plus the Nonseverely Impaired column.

6. Welfare Staff

- a. Cases for which services were paid in the report month - Enter the number of IHSS recipients for whom payments were made in the report month.
- b. Total hours of services paid for in the report month - Enter the sum of b(1) plus b (2).
 - (1) Welfare staff provider hours paid - Enter the direct hours of service for which payments were made in the report month.
 - (2) First line supervisor hours paid - Enter the total direct hours of county welfare department first line supervision of IHSS welfare staff providers, individual providers, and purchase of service providers. If an IHSS first line supervisor spends time for other social service programs, prorate hours accordingly using the most recent allocation ratios.
- c. Total cost of services paid in the report month - Enter the sum of c(1) plus c(2).
 - (1) Welfare staff provider costs paid - Enter the total amount of salaries and fringe benefits paid for county welfare staff providers. If a county welfare staff provider spends time for other social service programs, prorate costs accordingly using the most recent allocation ratios. Exclude overhead costs.

- (2) First line supervisor costs paid - Enter the total amount of salaries and fringe benefits paid for county welfare department first line supervision of county welfare providers, individual providers, and purchase of service providers. If an IHSS first line supervisor spends time for other social service programs, prorate costs accordingly using the most recent allocation ratios. Exclude overhead costs.

7. Individual Provider

- a. (1) Hourly rate cases for which services were paid in the report month - Enter the number of IHSS recipients for whom payments were made in the report month.
- (2) Flat rate cases for which services were paid in the report month - Enter the number of IHSS recipients for whom payments were made in the report month.
- b. (1) Hourly rate hours of service paid for in the report month - Enter the direct hours of service for which payments were made in the report month.
- (2) Flat rate hours of service paid for in the report month - Enter the direct hours of service for which payments were made in the report month.
- c. (1) Hourly rate costs of services paid for in the report month - Enter the total net payments made in the report month for individual providers working on an hourly rate basis. Include FICA (Social Security) costs.
- (2) Flat rate costs of services paid for in the report month - Enter the total net payments made in the report month for individual providers working on a flat rate basis. Include FICA (Social Security) costs.

3. Purchase of Service

- a. Cases for which services were paid in the report month - Enter the number of IHSS recipients for whom payments were made in the report month.
- b. Hours of service paid for in the report month - Enter the direct hours of service for which payments were made in the report month.
- c. Cost for services paid for in the report month - Enter the total net expenditures paid in the report month to purchase of service contract agencies.

Should there be a large change over prior month's data, a footnote is required explaining the reason(s) for the change.

9. Total Paid Cases, Hours and Costs

- a. Total unduplicated cases - Enter the total unduplicated case (person) count. The total of items 6a, 7a(1), 7a(2), and 8a will not equal item 9a if one or more recipients received services through more than one delivery method.
 - b. Total hours - Enter the total hours of service paid for in the report month. This entry is the sum of items 6b, 7b(1), 7b(2) and 8b.
 - c. Total costs - Enter the total net expenditures paid in the report month. This entry is the sum of items 6c, 7c(1), 7c(2) and 8c.
10. Employment Incentive Cases - Enter the total number of severely impaired and nonseverely impaired IHSS recipients engaged in substantial gainful activity (who are eligible under MPP 30-455.14) for whom payments were made in the report month. Also enter the total amount of the payments made. Cases and payments reported in this item are also included in the applicable delivery method in Items 6, 7, and 8.
- (Data collected through this item is the same as that reported as "AB 922" on the administrative claim prior to July 1, 1979.)
11. Restaurant Meal Allowance Cases - Enter the total number of IHSS recipients receiving a restaurant meal allowance in the report month and the total payments made. Restaurant meal allowances are not to be included in Items 6, 7, and 8.
12. Share of Cost Cases - Enter the number of recipients who during the report month paid their liability for a share of cost for IHSS. Also enter the total amount of liabilities paid. Liability costs are not to be included in Items 6, 7, and 8.

26-520.90 FORM SOC 296

26-520.90

Fill in the information requested at the top and bottom of the form and show figures required for each item. If there is nothing to report on an item, enter "0"; do not leave any items blank.

IN-HOME SUPPORTIVE SERVICES PROGRAM
STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

Send one copy to: Department of Social Services
Statistical Services Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814

MONTHLY CASELOAD, HOURS, AND COSTS REPORT

State Use Only

COUNTY: _____

FOR MONTH ENDING (MO., DAY, YEAR) YEAR MO. DAY 3

COUNTY CODE 2

PART A. AUTHORIZED CASELOAD MOVEMENT

1. IHSS cases brought forward from last month (Same as item 5, last month).	4	5	6	7	8	9
2. New cases approved during the month.						
Number of new cases approved under Presumptive Eligibility.						
3. Total IHSS cases open during the month (Sum of 1 & 2).						
4. IHSS cases closed during the month.						
5. IHSS cases carried forward to next month (3 minus 4).						

PART B. PAID CASELOAD, HOURS AND COSTS

6. WELFARE STAFF	NON-SEVERELY IMPAIRED (1)	SEVERELY IMPAIRED (2)	TOTAL (3)
a. Cases for which services were paid in the report month.	13	14	15
b. Total hours of service paid for in the report month (sum of (1) & (2)).	16	17	18
(1) Welfare staff provider hours paid.	19	20	21
(2) First line supervisor hours paid.	22	23	24
c. Total cost of services paid for in the report month (sum of (1) & (2)).	25	26	27
(1) Welfare staff provider costs paid.	28	29	30
(2) First line supervisor costs paid.	31	32	33
7. INDIVIDUAL PROVIDER			
a. (1) Hourly rate cases for which services were paid in the report month.	34	35	36
(2) Flat rate cases for which services were paid in the report month.	37	38	39
b. (1) Hourly rate hours of service paid for in the report month.	40	41	42
(2) Flat rate hours of service paid for in the report month.	43	44	45
c. (1) Hourly rate costs of services paid for in the report month.	46	47	48
(2) Flat rate costs of services paid for in the report month.	49	50	51
8. PURCHASE OF SERVICE			
a. Cases for which services were paid in the report month.	52	53	54
b. Hours of service paid for in the report month.	55	56	57
c. Cost for services paid for in the report month.	58	59	60
9. TOTAL PAID CASES, HOURS AND COSTS			
a. Total unduplicated cases (sum of 6a, 7a(1), 7a(2) & 8a) & b.	61	62	63
b. Total hours (sum of 6b, 7b(1), 7b(2) & 8b)	64	65	66
c. Total cost (sum of 6c, 7c(1), 7c(2) & 8c)	67	68	69
10. EMPLOYMENT INCENTIVE CASES: a. Number.	70		71
b. Costs.			
11. RESTAURANT MEAL ALLOWANCE CASES: a. Number.	72		73
b. Costs.			
12. SHARE OF COST CASES: a. Number.	74		75
b. Payments by recipients.			

For State Use Only

For State Use Only	76	77	78
For State Use Only	79	80	81

REPORT PREPARED BY _____

TELEPHONE NUMBER _____

DATE _____

SOC 296 (10/79)

WORKSHOPS

<u>Location</u>	<u>Date</u>	<u>Time</u>	<u>Facility</u>	<u>Attending Counties</u>
Sacramento	August 1	9:00-12:00	County Administration Building 700 H Street 6th Floor, Room 6661	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lake, Napa, Nevada, Placer, Sacramento, San Joaquin, Sierra, Solano, Sonoma, Stanislaus, Sutter, Tuolumne, Yolo Yuba
Ventura	August 7	9:00-12:00	County Government Center Hall of Administration 800 South Victoria Avenue Multipurpose Room No. 344 (Take Fwy. 101 to Victoria Ave. Exit. Go east on Victoria Ave. to Telephone Rd. Turn right on Tele- phone Rd. then immediately turn left into parking lot.)	Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura
Santa Clara	August 9	9:00-12:00	Department of Social Services 55 W. Younger <u>Central Auditorium</u> (Take Fwy. 17 or 101 to First St. Go down First St. to Younger. Turn right on Younger.)	Alameda, Contra Costa, Marin, Monterey, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz
Redding	August 14	9:00-12:00	Cascade Office Building 2460 Hospital Lane Conference Room No. 39 (Take South Hwy. 99 South Market Street to Hospital Lane.)	Del Norte, Humboldt, Lassen, Mendocino, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity
Fresno	August 16	9:00-12:00	Federal Courthouse Building 1130 "O" Street, Room 3002 (If coming North, take Hwy. 99 to Kings Canyon Rd. off ramp. Go down Kings Canyon Road to Ventura St. Turn left, go down to P Street (back portion of building) If coming South, take Hwy. 99 to Fresno St. off ramp. Go North on Fresno St. to "O" Street (front of building)	Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, Tulare

STATISTICAL SERVICES WORKSHOP

Subject: In-Home Supportive Services Monthly Statistical Report
(SOC 296)

Please return by July 13, 1979 to:

Statistical Services Bureau
Department of Social Services
744 P Street, Mail Station 12-84
Sacramento, CA 95814
Attention: John Schwander

County:

☐ Thank you for the invitation but we will be unable to attend.

☐ Number of persons attending (3 maximum)

	<u>Name</u>	<u>Title</u>	<u>Work Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If there are any areas of the new reporting system that you specifically would like answers to, we would encourage your comments below. That way, when the workshop is conducted, we will be able to incorporate answers to your questions in our overall presentation.

Comments:
